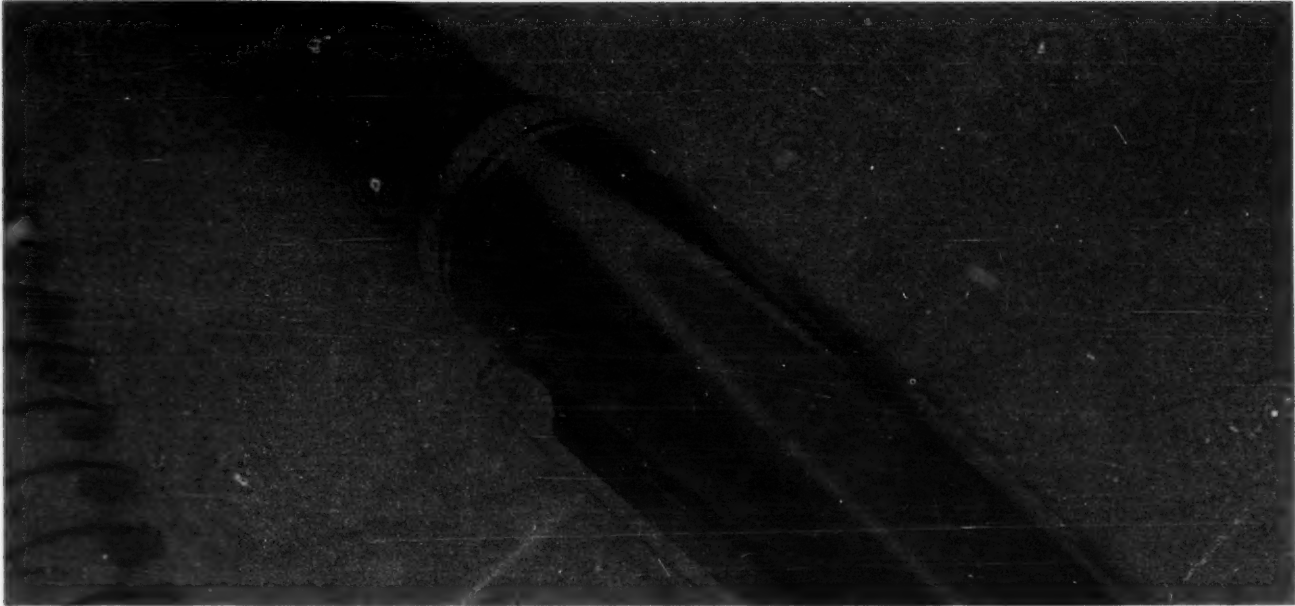




Rural and Remote Health Services in Saskatchewan: Identifying Research Priorities

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Health Research Strategy Discussion Paper Series

Building a healthy Saskatchewan through health research



Saskatchewan
Health Research
FOUNDATION

About SHRF

The Saskatchewan Health Research Foundation (SHRF) is the provincial agency responsible for funding, facilitating and promoting health research in Saskatchewan. This includes leading the implementation of Saskatchewan's *Health Research Strategy* (2004).

For details about SHRF's mandate, activities, board and staff, and the provincial *Health Research Strategy*, please visit our Web site.

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Rural and remote health services in Saskatchewan: Identifying research priorities

Saskatchewan is a culturally diverse province with vast geography and a widely dispersed population. Outside its urban centres, rural population densities and living conditions vary greatly - from agricultural areas to small towns and villages to remote and wilderness areas. Meeting the diverse health needs of people living in rural and remote areas and delivering health services across this vast geography present unique and complex challenges.

Rural and remote health services was identified as a priority in province-wide consultations leading to the development of Saskatchewan's *Health Research Strategy* (2004), a 10-year blueprint for shaping the future of health research in the province. A specific action item in the Strategy states that, "key stakeholders including SHRF [the Saskatchewan Health Research Foundation] ... collaborate to identify research needs related to rural and remote health service delivery" (Saskatchewan Health, 2004: p. 12).

Another common theme in consultations leading up to the Strategy was that Saskatchewan should be a leader in research about rural and remote health services.

In addressing the rural and remote health services research priority, it is important to acknowledge the overlap that exists with most other priority areas in the Strategy - Aboriginal health; Seniors' needs; health systems and health policy research; the determinants of health status; and public health, water safety and food

safety. The Strategy also emphasizes the importance of ensuring research knowledge is shared and leads to health and social benefits.

This discussion paper outlines some of the relevant issues and invites discussion with individuals, communities, health care providers, health system administrators and researchers to help determine and refine the future direction of rural and remote health services research in Saskatchewan.

The key question is: **If Saskatchewan is to tackle health research of importance to rural and remote residents and be a leader in the field, how do we get there?**

This paper will help to:

- define where we are now - our strengths and weaknesses;
- decide where we want to go - our priorities; and
- plan how we will get there.

The advice from this consultation will help SHRF and its partners develop and implement priorities for doing and applying health research that will add to our understanding of the issues and help improve health services in rural and remote areas.

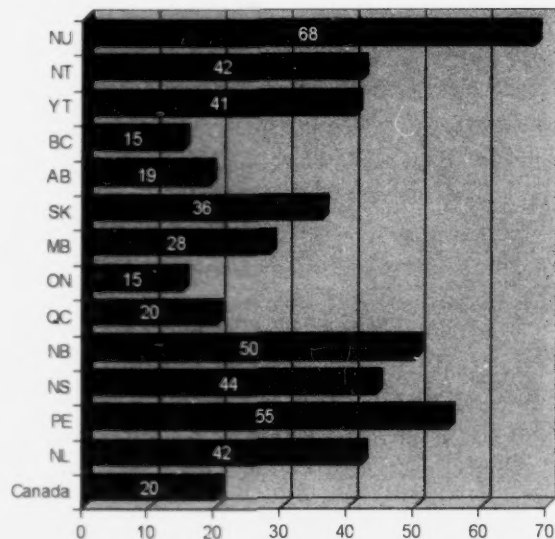
Where we are now

"Many rural communities in Canada are facing demographic, ecological, economic and social challenges due to geographic and social isolation, depletion of natural resources, boom-and-bust cycles in primary industries, chronic high unemployment, out-migration of the young, population aging, environmental decay, inadequate or deteriorating municipal infrastructure, etc. These problems have profound implications for the health and well-being of rural Canada"

(Pong et al., 1999: p. 3).

We see evidence of these challenges in Saskatchewan. For example, media reports routinely mention the erosion of rural communities and social supports, such as transportation issues, school closures, the

Figure 1: Percentage of Rural and Remote Populations by Province/Territory, Canada



(Source: Statistics Canada, 2002)

Comparing Saskatchewan to other places

Canada: 3 persons/square kilometre

Saskatchewan: 1.7 persons/square kilometre

Northern Administrative District*:
0.1 persons/square kilometre

United Kingdom:
239 persons/square kilometre

*The half of Saskatchewan north of its geographic centre (Montreal Lake).

1966: 51% of Saskatchewan population living in rural and remote areas.

2001: 36% of Saskatchewan population living in rural and remote areas.

(Sources: Fung et al., 1999; Statistics Canada, 2002)

decline of the family farm and distances to health services.

Roughly 36% of Saskatchewan residents live in rural and remote regions of the province (see Figure 1) - defined by Statistics Canada as those areas with sparsely populated lands lying outside urban areas, or in other words, those areas with a population concentration of less than 1,000 and a population density of up to 400 per square kilometre. This is significantly higher than the Canadian average of 20% and more than both neighbouring provinces. Only the Atlantic provinces and Territories are more rural than Saskatchewan.

Some examples of the health-related challenges associated with a substantially rural and dispersed population are listed in the inset “Health realities in rural and remote areas.” Addressing these challenges, however, can create opportunities for innovation because of the

need to explore and develop new models of service delivery, culturally sensitive practices and appropriate health indicators for specific groups or communities.

Health realities in rural and remote areas

Saskatchewan

- geographic location has a large impact on the ability to access immunization services in Saskatchewan, particularly among the elderly in rural and remote regions
- Saskatchewan residents in rural and remote regions are more likely to encounter barriers in accessing care, including information and advice, due to their location
- rural and remote areas pose problems for service delivery in terms of the difficulty and costs associated with arranging services at home
- hospitalization rates for preventable conditions tend to be higher in rural areas than urban areas due to differences in the extent to which preventative care and management are available and accessible in the community
- satisfaction with physician services is generally lower in rural and remote regions

(Source: Saskatchewan Health, 2004)

Canada

- a lower proportion of people living in northern regions reported excellent or very good functional health (based on eight factors: vision, hearing, speech, mobility, dexterity, feelings, cognition and pain)
- compared to the national average, a lower proportion of people living in rural and remote regions rated their health as “excellent”
- northern regions have higher unmet health care needs compared to the national average
- infant mortality rates are higher and expected life spans shorter in rural and remote areas
- agriculture involves hazardous working conditions and has been identified as among the most dangerous occupations

(Sources: Statistics Canada, 2003; Pong et al., 1999)

Health system and innovation

Saskatchewan's health system is comprised of 13 Regional Health Authorities (see Figure 2), spanning major urban, rural and northern areas of the province, and every region has a rural component. Health services for Aboriginal people in Saskatchewan are funded by both the provincial and federal governments and are often provided by First Nations organizations.

This adds a level of complexity for understanding governance and service access issues.

The system has been adapting to the changing demographic profile of the province and is exploring new ways to deliver health services, such as primary health care models and innovative technology. Some innovative steps to improve the health systems and health status of rural and remote populations are:

- Shared Paths for Northern Health, a working group of 13 northern health organizations working together to improve the health status of all northern Saskatchewan residents;
- Telehealth Saskatchewan, providing clinical services (client to specialist) and continuing education to health providers and health information to patients and the public; and
- programs to help recruit and retain physicians in rural Saskatchewan.

In our consultations, we want to hear about other successful strategies. Such examples can serve as models for others and also provide lessons learned through evaluation and knowledge sharing.



Figure 2: Regional Health Authorities in Saskatchewan

(Source: Saskatchewan Health, 2003)

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Community Research

Based at the Saskatchewan Population Health and Evaluation Research Unit (University of Saskatchewan and University of Regina), Dr. Bonnie Jeffery and Dr. Sylvia Abonyi are well-known for their research on Indigenous peoples' health. In addition to their work in health services evaluation, both have made substantial contributions to understanding the unique health status and service access issues of Aboriginal and northern communities.

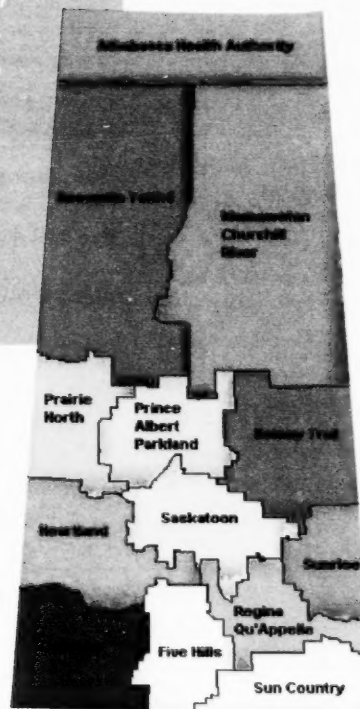


Figure 2: Regional Health Authorities in Saskatchewan

(Source: Saskatchewan Health, 2003)

Rural and remote health services research

There is considerable activity in rural and remote health services research in or about

Saskatchewan. The Saskatchewan Health Research Foundation and the Canadian Institutes of Health Research (CIHR) both provide funding for health research in the province, as do various charitable agencies, such as the Heart and Stroke Foundation and the Saskatchewan Lung Association. Funds are provided to both individual researchers and to teams of researchers, most often university-based. Common current themes include Aboriginal health, northern health, access to health services and health and safety in agriculture.

Research is also taking place in various institutes and centres throughout the province including: the Institute of Agricultural Rural and Environmental Health; the Indigenous Peoples' Health Research Centre; the Saskatchewan Population Health and Evaluation Research Unit; the Prairie Region

Health Promotion Research Centre; the Prairie Women's Health Centre of Excellence; and the

Vaccine and Infectious Disease Organization, among others.

Saskatchewan is fortunate to have dedicated researchers working on issues important to rural and remote health services. Please see the three examples in the highlight boxes in this paper.

Health authorities in the province are home to research as well; either the externally funded research mentioned above or their own internally-supported research. Research partnerships involving health authorities are critical to successful health services research. These partnerships are particularly important for making research relevant

and for sharing and applying research knowledge that can improve health services.

Agricultural Health and Safety

Recognized as "the father of agricultural medicine in Canada", Dr. James Dosman formed the Centre for Agricultural Medicine at the University of Saskatchewan in 1986. The centre, now renamed the Institute of Agricultural Rural and Environmental Health (I.A.R.E.H.), has become a world leader in research, teaching, extension and service in agricultural safety and rural health. A current project by Dr. Debra Morgan is exploring better ways of caring for people with dementia in rural areas.

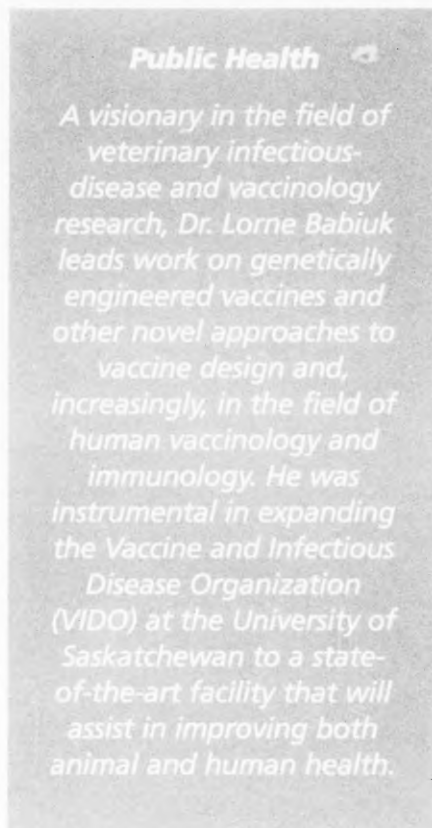
National context

The *Commission on the Future of Health Care in Canada* (2002) pointed to a lack of rural and remote health research as a barrier to the development of policies and strategies in the field:

“Policies and strategies for improving health and health care in smaller communities have not been based on solid evidence or research. Until recently, Canadian research on rural health issues has been piecemeal in nature and limited to small-scale projects” (Commission on the Future of Health Care in Canada, 2002: p. 164).

Other national initiatives, such as the *Listening for Directions I* (2001) and *II* (2004), brought together a number of key national agencies interested in health services research (such as the Canadian Health Services Research Foundation, CIHR and the Canadian Institute for Health Information) in an effort to work together in a consultative process to identify key research themes or questions. Rural and remote health services issues or questions identified

included human resource needs, innovative models of care and technological initiatives. The lead agencies have been implementing programs to advance these areas and evaluate progress.



Reflecting the emphasis on rural and remote health research noted above, CIHR - Canada's main national health research funding agency - has substantially increased its investment in the area. From 2000-01 to 2004-05, its spending on rural and remote health research increased from \$733,054 to \$10.4 million. Clearly, there is opportunity for Saskatchewan researchers to secure funding for rural and remote health services research.

Where we want to go

SHRF's Health Research Summit in 2004 brought together leading thinkers and decision-makers from Saskatchewan's universities, health system, government, charitable sector, community organizations and private sector to reflect on the *Health Research Strategy* and identify key next steps for taking it from the vision stage to the action stage. This included the area of rural and remote health services research. The discussion group focusing on this identified three top priorities for future research:

- access to services (implementation of primary health care, integration of physical and mental health services and delivery of secondary or tertiary care);
- transitions and continuity of care (current practices and new models and pathways to maximize continuity); and
- human resources (resource base, optimum use of human resources, skill mix, continuing education and matching the needs of the community).

Regional health authority participants at the Summit expressed a keen interest in this particular area of research and identified the need to align research priorities with health system priorities.

The key message from Summit delegates was that this research needs to reflect a community development approach that engages communities in the research process and in developing new models of care.

After the Summit, SHRF conducted an additional background study to identify other challenges, opportunities and future directions for rural and remote health services research. Some of these main points are summarized below:

- there is a shortage of research about elderly persons in rural and remote regions of Saskatchewan
- the mental and physical well-being of rural and remote residents are both critical to understanding their health needs
- the shortage of detailed, historical, provincial-level health indicators specific to rural and remote regions tends to hamper research in this area
- enhancing knowledge translation capacity (or the ability to apply what we learn) and sharing health-related information is vital to improving rural and remote health systems and health status
- ongoing monitoring and evaluation of health service initiatives is important to ensure maximum effectiveness of resource allocation and client outcomes

This input and background work has flagged some critical issues for rural and remote health services research. We also want to hear about other challenges or issues where research and knowledge-sharing could be helpful.

How we get there

SHRF will continue to work with its partners and stakeholders to identify areas of strength and opportunities for research as we collectively move toward realizing the goals of the *Health Research Strategy* in contributing to a healthy Saskatchewan through health research.

Through this discussion paper and our consultation, we are striving to discover what people perceive as the challenges, needs and strengths in rural and remote health services research. The consultation will consist of a series of roundtable discussions in locations throughout Saskatchewan and include rural residents, health service providers, researchers, municipal officials and regional economic development authorities. The results will help SHRF and its partners develop and implement priorities for rural and remote health services research in Saskatchewan.

We will be asking our roundtable participants to share their thoughts and ideas about these questions:

- How can health services research help people living in rural and remote areas of Saskatchewan?
- Saskatchewan has a number of initiatives in place to address rural and remote health service needs.

What do we do well?

What do we need to do better?

Where are the gaps?

- How can research help address the gaps?
- Sharing health-related information/research is vital to improving health services for Saskatchewan residents in rural and remote areas.

What is working well now?

What are current road blocks?

What can we do to enhance this knowledge sharing?

If you are reading this paper and not participating in a roundtable discussion but are interested in sharing your views with us, we would be pleased to receive your comments.

Saskatchewan Health Research Foundation

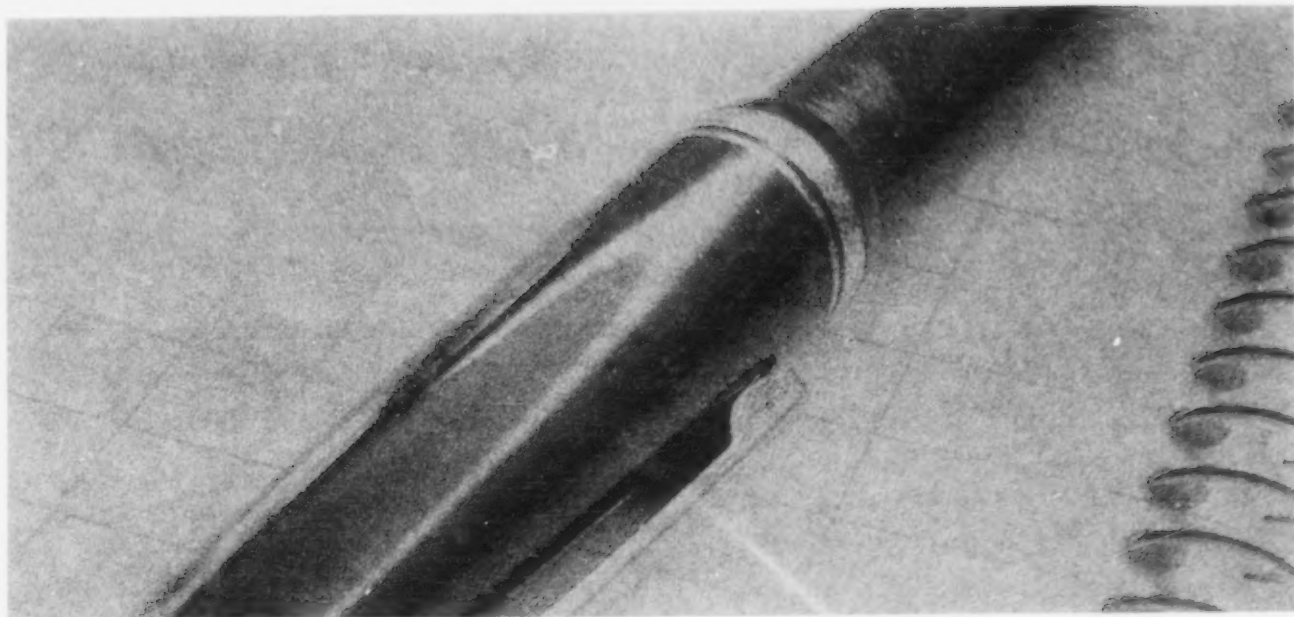
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